



Tribal Resources Grant Program 2003 Equipment and Training Budget Worksheet

ORI # _____

OMB Control # 1103-0072
Expiration Date: 1/31/05

Applicant Organization Legal Name: _____

Vendor # _____

* **Instructions: Round the "cost per officer" to the nearest dollar (e.g., \$19.99 = \$20)**

* **If you require additional space on any of the following budget categories, please attach additional pages as necessary.**

A. OFFICER REQUEST- Please complete attached budget sheets if requesting officers.

BACKGROUND INVESTIGATIONS

required for all new positions requested under TRGP

Description

Cost per officer x Number of Officers = Total Cost

\$ _____ .00 _____ \$ _____ .00

TYPE OF TRAINING

ITEMIZATION OF TRAINING COSTS

*This section should be used to itemize all training for which you are requesting funds.
Including academy tuition cost; course fees; costs of instruction (wage of training personnel, etc.); travel for training; costs of training supplies (textbooks, etc.)*

COST OF TRAINING

This section should be used to report the cost of the item per officer, multiplied by the number of officers for which you are requesting that item to calculate total cost.

B. ACADEMY/BASIC TRAINING & SPECIALIZED TRAINING

Itemization

Cost per officer x Number of Officers = Cost of Training
(rounded to the nearest dollar)

State Training Academy	_____	\$ _____ .00	_____	\$ _____ .00
Indian Police Academy	_____	\$ _____ .00	_____	\$ _____ .00
Police Department's Academy	_____	\$ _____ .00	_____	\$ _____ .00
Travel (in connection with training)	_____	\$ _____ .00	_____	\$ _____ .00
Training supplies (textbooks, manuals)	_____	\$ _____ .00	_____	\$ _____ .00
Other costs (associated with training)	_____	\$ _____ .00	_____	\$ _____ .00

Specialized Academy Training	_____	\$ _____ .00	_____	\$ _____ .00
Travel (in connection with training)	_____	\$ _____ .00	_____	\$ _____ .00
Training supplies (textbooks, manuals)	_____	\$ _____ .00	_____	\$ _____ .00
Other costs (associated with training)	_____	\$ _____ .00	_____	\$ _____ .00

SUB-TOTAL FOR ACADEMY/BASIC TRAINING: \$ _____ .00

Enter total cost of academy/basic training

C. COMMUNITY POLICING TRAINING, GRANTS MANAGEMENT TRAINING, COMPUTER TRAINING

Specify type and location of each training

Itemization

Cost per officer x Number of Officers = Cost of Training
(rounded to the nearest dollar)

Community Policing Training	_____	\$ 800 (cap)	_____	\$ _____ .00
required for first time applicant	_____			
Grant Management Training	_____	\$ 800 (cap)	_____	\$ _____ .00
required for first time applicant	_____			
Computer Training including:	_____	\$ _____ .00	_____	\$ _____ .00
Travel (in connection with training)	_____			
Training supplies (textbooks, manuals)	_____			
Other costs (associated with computer training)	_____			

SUB-TOTAL FOR TRAINING: \$ _____ .00

Enter total cost of training

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DESCRIPTION

The examples of items listed below are not inclusive of all things for which your agency may request.

COST OF ITEMS

This section should be used to describe the costs of the items which you are requesting. Please calculate the price per item, the number of items needed per officer and the total number of officers for which you are requesting the items.

* Instructions: Round the "price per item" to the nearest dollar (e.g., \$30.25 = \$30)

D. UNIFORMS

<u>ITEM DESCRIPTION</u>	<u>COST OF ITEMS</u> PRICE PER ITEM x NUMBER OF ITEMS PER OFFICER x TOTAL NUMBER OF OFFICERS = TOTAL COST PER ITEM (rounded to the nearest dollar)					<u>TOTAL COST OF ALL ITEMS IN CATEGORY</u> * Add together the total cost per item for each group of items
Standard Uniform (Shirts, Pants, Jacket, etc.) _____ _____ _____	\$____.00 \$____.00 \$____.00	x x x	_____ _____ _____	x x x	_____ _____ _____ = \$____.00 = \$____.00 = \$____.00	\$ _____ .00
Dress Uniform (Shirts, Pants, Jacket, etc.) _____ _____ _____	\$____.00 \$____.00 \$____.00	x x x	_____ _____ _____	x x x	_____ _____ _____ = \$____.00 = \$____.00 = \$____.00	\$ _____ .00

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<u>ITEM DESCRIPTION</u>	<u>COST OF ITEMS</u> PRICE PER ITEM x NUMBER OF ITEMS PER OFFICER x TOTAL NUMBER OF OFFICERS = TOTAL COST PER ITEM (rounded to the nearest dollar)					<u>TOTAL COST OF ALL ITEMS IN CATEGORY</u> * Add together the total cost per item for each group of items
Outerwear (Rain gear, Uniform, Coat, Jacket) _____ _____ _____	\$ _____.00 x _____ x _____ = \$ _____.00 \$ _____.00 x _____ x _____ = \$ _____.00 \$ _____.00 x _____ x _____ = \$ _____.00	\$ _____.00				
Footwear (Shoes/Boots) _____ _____	\$ _____.00 x _____ x _____ = \$ _____.00 \$ _____.00 x _____ x _____ = \$ _____.00	\$ _____.00				
Badge(s)/Name Plate/Other Insignia _____ _____	\$ _____.00 x _____ x _____ = \$ _____.00 \$ _____.00 x _____ x _____ = \$ _____.00	\$ _____.00				
Hats/Caps _____ _____	\$ _____.00 x _____ x _____ = \$ _____.00 \$ _____.00 x _____ x _____ = \$ _____.00	\$ _____.00				

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<u>ITEM DESCRIPTION</u>	<u>COST OF ITEMS</u> PRICE PER ITEM x NUMBER OF ITEMS PER OFFICER x TOTAL NUMBER OF OFFICERS = TOTAL COST PER ITEM (rounded to the nearest dollar)	<u>TOTAL COST OF ALL ITEMS IN CATEGORY</u> * Add together the total cost per item for each group of items
Reflective Vest _____	\$____.00 x _____ x _____ = \$____.00	\$____.00
Accessories (Ties, Waist Belt, Gloves) _____ _____ _____ _____	\$____.00 x _____ x _____ = \$____.00 \$____.00 x _____ x _____ = \$____.00 \$____.00 x _____ x _____ = \$____.00 \$____.00 x _____ x _____ = \$____.00	\$____.00
Specify other required items not included in this list: _____ _____ _____	\$____.00 x _____ x _____ = \$____.00 \$____.00 x _____ x _____ = \$____.00 \$____.00 x _____ x _____ = \$____.00	\$____.00

SUBTOTAL FOR UNIFORMS: \$____.00
enter total cost of uniforms

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E. BASIC ISSUE EQUIPMENT

<u>ITEM DESCRIPTION</u>	<u>COST OF ITEMS</u> PRICE PER ITEM x NUMBER OF ITEMS PER OFFICER x TOTAL NUMBER OF OFFICERS = TOTAL COST PER ITEM (rounded to the nearest dollar)					<u>TOTAL COST OF ALL ITEMS IN CATEGORY</u> * Add together the total cost per item for each group of items
Primary Issue Weapon/Gun Holster _____ _____	\$____.00 x _____ x _____ = \$____.00 \$____.00 x _____ x _____ = \$____.00	\$____.00				
Bullet-Proof Vest _____	\$____.00 x _____ x _____ = \$____.00	\$____.00				
Portable Radio and Holder _____ _____	\$____.00 x _____ x _____ = \$____.00 \$____.00 x _____ x _____ = \$____.00	\$____.00				
Duty Belt/Gun Belt and Belt Accessories _____ _____ _____	\$____.00 x _____ x _____ = \$____.00 \$____.00 x _____ x _____ = \$____.00 \$____.00 x _____ x _____ = \$____.00	\$____.00				

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<u>DESCRIPTION</u>	<u>COST OF ITEMS</u> PRICE PER x NUMBER OF x TOTAL NUMBER OF = TOTAL COST ITEM PER OFFICER OFFICERS PER ITEM (rounded to the nearest dollar)	<u>TOTAL COST OF ALL ITEMS IN CATEGORY</u> * Add together the total cost per item for each group of items
Manuals, Reference Books, Notebooks, etc. _____ _____ _____	\$____.00 x _____ x _____ = \$____.00 \$____.00 x _____ x _____ = \$____.00	\$_____.00
Miscellaneous Items (Flashlight, Whistles, etc.) _____ _____ _____	\$____.00 x _____ x _____ = \$____.00 \$____.00 x _____ x _____ = \$____.00 \$____.00 x _____ x _____ = \$____.00	\$_____.00
Specify other required items not included in this list: _____ _____	\$____.00 x _____ x _____ = \$____.00 \$____.00 x _____ x _____ = \$____.00	\$_____.00

SUBTOTAL FOR BASIC ISSUE EQUIPMENT: \$_____.00
enter total cost of equipment

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* Instructions: Round the "price per item, system, or group of items" to the nearest dollar (e.g., \$30.50 = \$31)

F. TECHNOLOGY	
ITEM SYSTEM OR GROUP OF LIKE ITEMS	PRICE PER ITEM, SYSTEM OR GROUP OF ITEMS (rounded to the nearest dollar) x QUANTITY OF ITEMS = TOTAL COST OF ITEM(S) REQUESTED
_____	\$ _____ .00 x _____ = \$ _____ .00
_____	\$ _____ .00 x _____ = \$ _____ .00
_____	\$ _____ .00 x _____ = \$ _____ .00
_____	\$ _____ .00 x _____ = \$ _____ .00
_____	\$ _____ .00 x _____ = \$ _____ .00
_____	\$ _____ .00 x _____ = \$ _____ .00
_____	\$ _____ .00 x _____ = \$ _____ .00
_____	\$ _____ .00 x _____ = \$ _____ .00
_____	\$ _____ .00 x _____ = \$ _____ .00
_____	\$ _____ .00 x _____ = \$ _____ .00
_____	\$ _____ .00 x _____ = \$ _____ .00

SUBTOTAL FOR TECHNOLOGY:

\$ _____ .00

enter total cost of technology

* Instructions: Round the "price per vehicle" to the nearest dollar (e.g., \$4,500.95 = \$4,501)

G. VEHICLES	PRICE PER VEHICLE	x	NUMBER OF VEHICLES	=	TOTAL COST REQUESTED
Police Car	\$ _____ .00	x	_____	=	\$ _____ .00
Basic Accessory Package (list items)	\$ _____ .00	x	_____	=	\$ _____ .00

Special Police Vehicle*	\$ _____ .00	x	_____	=	\$ _____ .00
Basic Accessory Package (list items)	\$ _____ .00	x	_____	=	\$ _____ .00

*Requests for Special Police Vehicles will only be approved based on demonstrated need. Please describe need for specialized vehicle on application form.

SUBTOTAL FOR VEHICLES:

\$ _____ .00

enter total cost of vehicles

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Budget Summary

Instructions: When you have completed the budget worksheets, transfer the totals for each category to the spaces below. Compute the total project cost and indicate the amount of Federal funds requested. Enter the Federal Share of the category amount based on 75 percent of the total cost of the category. Please see page 9 of the Application Instruction Manual for more information.

Budget Category	Total Amount	Federal Share	Local Share
A. Officer Background Investigation(s)	\$_____ .00	\$_____	\$_____
B. Basic Training & Specialized Police Training	\$_____ .00	\$_____	\$_____
C. Other Training (Community Policing, Grant Management, Computer Training)	\$_____ .00	\$_____	\$_____
D. Uniforms	\$_____ .00	\$_____	\$_____
E. Basic Issue Equipment	\$_____ .00	\$_____	\$_____
F. Technology	\$_____ .00	\$_____	\$_____
G. Vehicles	\$_____ .00	\$_____	\$_____
Total Project Cost	\$_____ .00	\$_____	\$_____

*** Note: Please fill the budget out with the Federal and Local shares even if you are requesting a waiver of the local match.**

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Contact Information for Budget Questions

The undersigned attests to the accuracy of the budget information submitted on the preceding pages.

Name of Authorized Official: _____ Title: _____

Phone: _____ Fax: _____

E-mail (if applicable): _____

Signature: _____ Date: _____

Other Important Information

1. What is your fiscal year?

Starting date of your fiscal year: __/__/__
month/day

Ending date: __/__/__
month/day

2. Please enter the name of your Cognizant Federal Agency in the space provided: _____

Most agencies that receive federal grants are required to have audits of those grants forwarded to a single federal agency (Justice, DOI, HUD, HHS, Transportation, etc.). The single federal agency where such audits are sent is known as your "Cognizant Federal Agency." For assistance in determining which federal agency receives your audits, call 800.421.6770.